

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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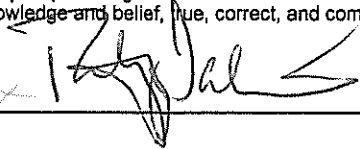
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 08947	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Ricky Tamashiro P.O. Box, Bldg., Room No., if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819	4. Name, file number, and address of labor organization. Name Bricklayers Union, Local No. 1 Labor Organization File Number 025-992 P.O. Box, Building and Room Number, if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819
5. Position in labor organization. Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 2/27/06	(80) 841-0491
	Date	Telephone Number

Name of Person Filing Ricky Tamashiro	File Number U- 08947
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hawaii Masons & Plasterers Training Trust Fu</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hawaii Masons & Plasterers Training Trust Fu</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>11.a. Nature of such dealing.</p> <p>Employed by Hawaii Masons & Plasterers Training Trust Fund. Fringe benefits are part of employment arrangement. Outer island travel, seminar attendance, cellular phone and reimbursed expenses are all job-related.</p> <p>See Attachment 1 of 6</p>
	<p>11.b. Approximate dollar value of such dealing. \$45,978</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Employed by Hawaii Masons & Plasterers Training Trust Fund to coordinate and aid in overseeing general training program activities. Instructor fees are paid for services performed to provide active guidance and teaching.</p> <p>See Attachment - Page 1 of 6</p>
	<p>12.b. Amount. \$91,318</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Ricky Tamashiro

File Number U- 08947

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (Including trade name, if any).</p> <p>Name <u>Masons Health & Welfare Trust Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2251 North School Street</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code +4 <u>96819</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Masons Health & Welfare Trust Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2251 North School Street</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code +4 <u>96819</u></p>	<p>11.a. Nature of such dealing.</p> <p>Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. Fringe benefits are part of employment arrangement. Seminar attendance expense is job-related</p> <p>See Attachment - Page 2 of 6</p> <p>11.b. Approximate dollar value of such dealing. \$8,738</p> <p>12.a. Nature of interest held or income received.</p> <p>Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.</p> <p>See Attachment - Page 2 of 6</p> <p>12.b. Amount. \$15,905</p>

Name of Person Filing Ricky Tamashiro	File Number U- 08947
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hawaii Masons Vacation & Holiday Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hawaii Masons Vacation & Holiday Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>11.a. Nature of such dealing.</p> <p>Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. Fringe benefits are part of employment arrangement. Seminar attendance expense is job-related.</p> <p>See Attachment - Page 3 of 6</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$1,735</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.</p> <p>See Attachment - Page 3 of 6</p> <hr/> <p>12.b. Amount. \$4,210</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hawaii Masons & Plasterers Annuity Trust Fun</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hawaii Masons & Plasterers Annuity Trust Fun</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>11.a. Nature of such dealing.</p> <p>Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. Fringe benefits are part of employment arrangement. Seminar attendance expense is job-related.</p> <p>See Attachment - Page 4 of 6</p>
	<p>11.b. Approximate dollar value of such dealing. \$2,914</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.</p> <p>See Attachment - Page 4 of 6</p> <p>12.b. Amount. \$7,017</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Masons Pension Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Masons Pension Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>11.a. Nature of such dealing.</p> <p>Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. Fringe benefits are part of employment arrangement. Seminar attendance expense is job-related.</p> <p>See Attachment - Page 5 of 6</p> <p>11.b. Approximate dollar value of such dealing. \$5,661</p> <p>12.a. Nature of interest held or income received.</p> <p>Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. See Attachment - Page 5 of 6</p> <p>12.b. Amount. \$13,566</p>

Name of Person Filing Ricky Tamashiro

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hawaii Masons & Plasterers Training Trust Fu</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code +4 96819</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hawaii Masons & Plasterers Training Trust Fu</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code +4 96819</p>	<p>11.a. Nature of such dealing.</p> <p>Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. Fringe benefits are part of employment arrangement. Seminar attendance expense is job-related.</p> <p>See Attachment - Page 6 of 6</p> <p>11.b. Approximate dollar value of such dealing. \$2,531</p> <p>12.a. Nature of interest held or income received.</p> <p>Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.</p> <p>See Attachment - Page 6 of 6</p> <p>12.b. Amount. \$6,082</p>